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ABSTRACT

Violence at school can have a significant impact on young people, affecting their mental health, academic achievement, and socialization and adjustment. This brief examines that impact. It begins by defining school violence and examining the prevalence of exposure to, and victimization from, violence at school within a developmental framework. The most serious form of victimization, homicide at school, is discussed, and the early warning signs of the perpetration of violence are identified. The brief ends with a discussion of the behavioral and mental health consequences of exposure and victimization, and implications for strategies to ameliorate them. The challenge for educators is to react appropriately to warning signs of violence, but not to overreact. To respond adequately, schools need to employ appropriately trained mental health professionals who will be consistently available to students and staff. Mental health services should be considered part of the basic services provided to all students and staff. (Contains 13 references.) (SLD)

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Exposure to Violence and Victimization at School.

Choices Briefs Number 4.

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Choices Briefs

Institute for Urban and Minority Education, Teachers College, Columbia University, New York, NY

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EXPOSURE TO VIOLENCE AND VICTIMIZATION AT SCHOOL

Despite claims that schools continue to be some of the safest places for children, recent school shootings have contributed to the perception that few places are safe anymore. No rural community, no well-to-do suburb, no day care, elementary, or high school is immune to the potential impact of violence. Even if an individual school or district has well-developed safety plans, security personnel, metal detectors, and hotlines, children in those schools are regularly exposed to violence. Given the vast attention paid to the recent tragedies in places like Jonesboro and Columbine, every night on the local and national news, every morning in the paper, every day in the conversations of parents and school staff, the very fabric of what it means to a young child to "go to school" is disturbed.

Violence at school can have a significant impact on young people, affecting their mental health, academic achievement, and overall socialization and adaptation. This brief examines that impact. It begins by defining school violence and examining the prevalence of exposure to, and victimization from, violence at school, all within a developmental framework. The most serious form of victimization, homicide at school, is discussed, and the early warning signs of violence perpetration are identified. The brief ends with a discussion of the behavioral and mental health consequences of exposure and victimization, and implications for strategies to ameliorate them.

What Constitutes School Violence

Violent behavior needs to be considered along a continuum of behavior, because what is considered violent for a first grader may be different from what is considered violent for a twelfth grader. With young elementary school children, violence is manifested by aggressive behavior such as kicking, hitting, spitting, or name calling. A child who engages in these kinds of behaviors typically does not get along with other children and does not do well in school, behaviorally or academically. These "early starter" children are also at high risk for engaging in aggressive and violent behavior in adolescence and young adulthood.

As children grow older, into middle school, violent behavior can become more serious, characterized by bullying, extortion, and physical fighting. Aggressive or violent adolescents may carry weapons and engage in assault against other students and staff, sexual harassment, or gang activity. In the most extreme cases, a young person may murder someone, although relatively speaking, homicide is still a rare occurrence on school grounds (Kachur et al., 1996). School crime and victimization can also include vandalism, property offenses, theft, or serious conflict between staff and students.

When considering the impact of school violence on child mental health and adjustment, it is important to keep in mind that violence is not just homicide or serious assault, but also the chronic harassment or bullying of young people. Some children may be impacted if they are involved in or witness even a single physical fight, especially if it results in injury, or if they are threatened by someone. Any of these experiences can induce fear and anxiety in young children, affecting their perceptions of safety and their ability to learn. Thus, it is necessary to expand the understanding of violence exposure and victimization to include a wider range of potential acts and settings (Elliott, Hamburg, & Williams, 1998; Flannery, 1997).

Types, Settings, and Rates of Victimization

Most school districts, located in both urban and non-urban settings, report in national surveys that violence at school has gotten worse in the past several years, with physical assault the most frequently reported form. (For the most recent comprehensive compilation of data on school crime and safety, see Kaufman et al., 1998.) Schools are settings where rates of exposure to violence are high. For example, in most regional and national studies, 70-80 percent of youth report that they have witnessed violence at school in the past year. Students also report they witness more violence at school than they do at home or in their neighborhoods (Singer et al., 1995; Singer et al., 1999).

Rates of victimization depend on what is being surveyed, but range from 1 out of 3 students reporting having been hit or punched at school, to about 1 in 10 reporting being beaten up or assaulted. Further, the fear of victimization is high: about 1 in 5 students report they have taken a weapon to school out of fear for their safety, and 1 in 20 have stayed home at least one day in the current year because they did not feel safe at school (Kaufman et al., 1998).

While for many youth schools are relatively safe places with respect to victimization, they are environments where youth are likely to witness students hitting others or fighting. Developmentally, younger students are more likely than older students to be victimized in school by violence, as rates of victimization fall steadily from elementary through high school. It is important to note, however, that while rates of witnessing violence are high, the majority of students are not directly victimized by violence at school.

One of the most common forms of victimization at school results from bullying, situations where an individual is exposed repeatedly and over time to negative actions by another person. Victims of bullies tend to be anxious, insecure, and lonely compared to other youth. Their victimization seems to persist, as targets of bullies tend to have poorer self-esteem and higher levels of depression, even as young adults, compared to youth who were not bullied.

Homicide Victimization at School

The most recent comprehensive nationwide study examining school-associated violent deaths in or around schools from 1992 to 1994 found that homicide was the most common cause of all the deaths that were associated with school (85 out of 105), with firearms responsible for all but four of the 85 homicides. Suicides accounted for the remaining 20 deaths (Kachur et al., 1996). The study also highlighted the rarity of school-associated homicides,

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estimated to be less than one percent of all homicides nationally.

Most of the victims were students (76), and both victims and offenders tended to be young (below age 20) and male (83 percent of victims and 97 percent of offenders). An equal number of deaths occurred inside the school building, outdoors but on school property, and at off-campus locations while the victim was going to or from school. Equal numbers of deaths occurred during classes or other school activities, and before or after official school activities. While more than one motive could apply, most homicides at school were related to either interpersonal disputes or gang-related activities, followed by random victim incidences. Romantic disputes, robbery, arguments over money or property, drug-related activities, and unintentional deaths made up the remaining motives. The factors associated with these deaths were similar to homicides that occur off school grounds, suggesting that when high levels of violent behavior exist among young people in a community, some of that violence will be played out in and around schools.

Early Warning Signs and Risk Factors

To minimize exposure to violence and victimization at school, it is important to understand student risk factors and early warning signs. Two factors from the Kachur et al. study (1996) stand out in light of the recent spate of school shootings: the motive for most killings can be traced back to an interpersonal dispute, and perpetrators of the most severe violence are usually males. Several other factors also stand out: the murders occurred in suburban or rural (vs. urban) middle- to upper middle-class neighborhoods; and the male perpetrators all had relatively easy access to firearms, had expressed some fascination with weapons, felt rejected by their peers or alienated from popular groups, had some significant mental health issues (depression, poor coping skills, anger), and had told someone else or made a threat that they were going to do something before it happened. Also relevant is the reaction of people who knew the perpetrators: "I never would have suspected them of being capable of doing this"; and the reaction of those who didn't know the perpetrators: "It will probably happen again."

The U.S. Department of Education has recently compiled a report examining early warning signs for school violence that provides some guidance for identifying and getting help for troubled children. It emphasizes the need for everyone at school to be involved in early identification, prevention, and intervention (Dwyer, Osher, & Warger, 1998).

The Federal Bureau of Investigation has also conducted some profile analysis of the perpetrators of the most recent school shootings, and has compiled an extensive list of risk factors that are potential indicators of violent behavior (Harpold, 1998). Some of these risk factors or warning signs include: 1) a history of violent behavior, 2) alcohol or drug abuse, 3) lack of coping skills or strategies to handle life crises, 4) lack of a support system, 5) expression of a desire to commit a violent act or suicide, 6) availability of a weapon to commit a violent act, 7) recent attempts to commit a violent act, and 8) close family members who have committed violence or suicide. The FBI's cumulative profile also includes factors like low self-esteem, cruelty to animals, lack of discipline, narcissistic personality, depression or flat affect, suicidal ideation, lack of remorse, easy manipulation by others, expression of an interest in previous school shootings, a history of mental health treatment, and an interest in satanic or cult activities. Obviously these lists are neither exhaustive nor prescriptive for every perpetrator of school violence, but they provide a starting point for further investigation with young people who appear to need attention and help.

Emotional and Behavioral Consequences of Violence Exposure and Victimization

Children's exposure to violence has been linked to numerous emotional and behavioral consequences—including anxiety, depression, posttraumatic stress, low self-esteem, self-destructive behaviors, anger, and aggression—which are often manifested during the school day and can be recognized by school personnel.

The ways that children react to victimization are related to their developmental stage (Osofsky, 1997). Children are most likely to suffer consequences from victimization if the victimization (1) is ongoing, (2) significantly changes the nature of the child's relationship with his/her primary support system, (3) occurs in the context of other severe stressors, and (4) interrupts a critical developmental transition (Flannery, 1997).

Pynoos and Nader (1988) provide an excellent model for understanding the developmental nature of children's responses to violence exposure by matching symptomatic responses with specific first aid interventions, by different grade levels. Selected symptomatic responses and interventions by grade levels are provided on the table at right.

Numerous studies have suggested a relationship between violence exposure and aggressive and hostile acting out behaviors. Understanding the origins and cognitive mechanisms of children's aggressive behaviors is an essential first step to behavior management, in both school and other settings. The results of numerous studies suggest that children who have been repeatedly exposed to violence, especially abuse in the home, process information differently from non-exposed children. More specifically, these violence-exposed children compared to their peers (Pepler & Rubin, 1991):

- are more likely to attribute hostile intent to others in ambiguous situations, and therefore are likely to "assume the worst" when they are unsure of the meaning of others' words or behaviors;
- tend to emphasize aggressive cues in their environment rather that focus on a wider variety of information;
- have a poor fund of potential responses to socially provoking situations, with a tendency to emphasize aggressive solutions; and
- are more likely to respond with retaliatory aggression in socially provoking situations.

This knowledge has important implications for teachers and others working with students in a school setting. It suggests that children repeatedly exposed to violence may have specific cognitive and behavioral deficits that affect their attention and classroom behaviors. In ambiguous situations, these children tend to be hypervigilant and expect the worst. They may have difficulty relaxing in the learning environment and respond aggressively to perceived hostility from peers or authority figures at school.

Recent advances in the understanding of brain functioning also provide important information on the behaviors of children exposed to chronic violence. It was previously believed that the "fight/flight" center of the brain, the amygdala, was ultimately controlled by the higher brain centers in the frontal lobes. It is now understood that the amygdala can both store memories and act independently, without mediation from the higher brain centers. Therefore, some violence-exposed children may not have control of their reactions in situations in which they feel threatened or fearful. Rather, the amygdala may "take over" and a student may end up striking another student first, without thinking, because he believed the other student was giving him a very threatening look. Such students usually are poor judges of the intentions of others, and may well act on their misperceptions without thinking. Thus, students who have had repeated exposure to violence (including violence in the home) are often difficult to engage in the classroom. Their attention is constantly focused on scanning the environment for potential threats and their behaviors and attitudes often let other children know that they will not tolerate any perceived transgressions (Jensen, 1998). These students may use bullying and aggression as a means of controlling their peers and establishing themselves in the school hierarchy.

Responses to Violence Exposure and Interventions

Response	Intervention
Preschool through Second Grade	
Helplessness and passivity	Provide children with support, rest, food, time to play or draw
Generalized fear	Reestablish adult protective shield
Cognitive confusion	Provide repeated concrete clarifications for anticipated confusions
Difficulty identifying what is bothering them	Provide emotional labels for common reactions
Lack of verbalization	Help students verbalize feelings and complaints
Regressive symptoms such as thumb sucking	Tolerate regressive symptoms/behaviors in a time-limited manner
Anxious attachment such as clinging and not wanting to be away from a parent	Provide consistent caretaking (e.g., knowledge of parents'/guardians' whereabouts, assurance of being picked up at school)
Third through Fifth Grade	
Impaired concentration and learning	Encourage students to let their parents and teachers know when thoughts and feelings are interfering with learning
Issues of responsibility and guilt related to the violent event(s)	Help children express their secret imagination about the event(s)
Fear of being overwhelmed by their feelings (sadness, anger)	Encourage the expression of apprehensions, anger, sadness etc.
Sleep disturbances	Encourage the reporting of dreams/nightmares and provide information about why people have bad dreams
Concerns about their own and others' safety	Encourage students to share their worries and reassure them with realistic information
Somatic complaints	Help children identify their physical sensations during the event(s)
Altered or inconsistent behavior, usually aggressive or reckless	Help children cope with the challenge to their own impulse control (e.g., acknowledging that it must be hard to feel so angry)
Sixth Grade and Higher	
Detachment, shame and guilt	Encourage students to discuss the event, especially their feelings and realistic expectations about what could have been done
Self-consciousness about their fears, sense of vulnerability, and other emotional responses	Help students understand the adult nature of these feelings and encourage peer support
Posttraumatic behaviors such as drug use, delinquent behavior, and sexual acting out	Help students understand acting-out behavior as an effort to numb their responses to the event(s) or as a way to express their anger
Abrupt shifts in interpersonal relationships	Discuss expectable strain on relationships with family and peers
Desires and plans to take revenge	Elicit plans for revenge and address the realistic consequences of these actions; encourage constructive alternatives that lessen the traumatic sense of hopelessness
Premature entrance into adulthood, such as leaving school or getting married	Encourage postponement of radical decisions

Source: Pynoos & Nader (1988)

Recommendations for Best Practice

Early Detection and Intervention

Prompt response is essential to helping ensure the proper emotional and behavioral development of children exposed to violence. Since many of the consequences of violence exposure are manifested in the school setting, teachers and other school personnel may play a pivotal role in the early recognition and triaging of violence exposed students. Interestingly, such children often do not need professional mental health interventions, but could benefit from having a responsible adult available to them to express their feelings and concerns. In one study, about one-third of the children exposed to high levels of violence experienced clinical indications of psychological trauma, yet the remaining two-thirds did not exhibit such trauma (reported in Chapin & Singer, 1999). School personnel therefore could help screen students to determine if more intensive assessment or intervention is needed, and also provide initial comfort and support to children who are not in need of more formal services.

Training and Education

There is no substitute for appropriate training and education of school personnel. They need to be informed about risk factors and early warning signs so that they have some capacity to identify at-risk children. It is important to keep in mind the maxim: "While we can't always predict, we can always try to prevent."

Students should be part of these ongoing educational efforts, for they are often those first exposed to the early warning signs of violence from their peers. For example, professionals and young people are well educated about the significance of a young person's threat of self-injury and the need to take those threats seriously and report them a responsible adult, because most people cannot distinguish quickly or easily between a threat of self-injury that is a cry for attention and one that is a prelude to a serious suicide attempt. While even trained professionals cannot predict with total accuracy who will follow through with a threat, we do know which risk factors increase the likelihood that a young person will try to hurt him or herself.

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They include previous attempts to self-injure, having thoughts about and a plan for committing suicide, depression, lack of a support system, lack of any future goals, a recent break-up with a boyfriend or girlfriend, and having a family member or friend who recently committed suicide, among other factors. Many of these factors are similar to the risk factors related to the perpetration of violence at school by young people. Training and education need to be ongoing, as staff and student turnover occurs every year, and the knowledge base about risk and prevention continues to grow.

Early Warning Signs

Relying exclusively on a list of factors to identify children at risk has some potentially negative outcomes. Risk factors should not be used to punish or isolate children from their peers. Indeed, when focusing on early warning signs for violence, school personnel should also (Dwyer et al., 1998):

1) Understand that violence and aggression occur for a reason, and sometimes occur in one setting more frequently than others (home, school, neighborhood), and that stress, conflict, rejection, failure, and anger can all lead to violence;

2) Avoid stereotypes;

3) Always view warning signs for perpetration of violence and the potential impact of victimization in a developmental context;

4) Consider that the more warning signs, the greater the risk. Investigate, but don't overreact to singular acts, words, or signs of violent behavior.

Develop a Comprehensive Plan for School Safety

Being able to recognize early warning signs and risk factors is only one aspect of a comprehensive plan for school safety. Others include: developing appropriate crisis intervention plans, integrating law enforcement into school safety planning, physically designing school buildings to enhance safety, developing appropriate school discipline policies and procedures, developing and implementing comprehensive long-term prevention programs, involving families and communities in planning and implementation, promoting good citizenship and character among students and staff, and evaluating interventions to determine what is effective for the school, students, and staff.

Providing the Right Help for the Right Students

While a significant number of students are adversely affected by exposure to violence at school, many others are not. The challenge is to appropriately screen and intervene, and not to overreact to every sign, risk factor, or singular event as an omen of imminent violence. It is also important to keep in mind that children do not always manifest difficulty by acting out. Sometimes they hold in feelings or become anxious, depressed, or withdrawn. The students labeled as "problems" are typically those who get into trouble by fighting, vandalism, truancy, or academic failure. Students who sit quietly in the back of the room, do average school work, and keep to themselves are often the last persons a teacher identifies as needing attention.

If schools are to respond adequately to the impact of exposure to violence and victimization, they will need to staff their buildings with appropriately trained mental health professionals who will be consistently available to students and staff (who are also exposed to violence and victimized too) to provide support, counseling, screening and identification, and intervention. Mental health services should not be considered a luxury that schools cannot afford, but an integral part of the basic services provided to all students and staff.

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References

Chapin, M., & Singer, M. (1999). Principals of military combat stress treatment related to children in high-risk environments. In D.J. Flannery & C.R. Huff, *Youth violence: Prevention, intervention and social policy* (pp. 99-118). Washington, DC: American Psychiatric Press.

Dwyer, K., Osher, D., & Warger, C. (1998). *Early warning, timely response: A guide to safe schools*. Washington, DC: U.S. Department of Education. (ED 418 372)

Elliott, D., Hamburg, B., & Williams, K. (1998). *Violence in American schools: A new perspective*. New York: Cambridge University Press.

Flannery, D.J. (1997). *School violence: Risk, preventive intervention, and policy*. Urban Diversity Series No. 109. New York: Teachers College, Institute for Urban and Minority Education and ERIC Clearinghouse on Urban Education. (ED 416 272)

Harpold, J. (1998, October). *Lessons learned: An FBI perspective gleaned from six police jurisdictions experiencing school violence*. Paper presented at the National Conference on Preventing Crime.

Jensen, E. (1998) *Teaching with the brain in mind*. Alexandria, VA: Association for Supervision and Curriculum Development.

Kachur, S.P., Stennies, G.M., Kenneth, E.P., Modzeleski, W., Stephenson, R., Murphy, R., Kresnow, M., Sleet, D., & Lowry, R. (1996). School associated violent deaths in the United States, 1992-1994. *Journal of the American Medical Association, 275*, 1729-33.

Kaufman, P., Chen, X., Choy, S.P., Chandler, K.A., Chapman, C.D., Rand, M.R., & Ringel, C. (1998). *Indicators of school crime and safety, 1998*. NCES 98-251/NCJ-172215. Washington, DC: U.S. Departments of Education and Justice. (ED 423 616)

Osofsky, J.D. (Ed.). (1997). *Children in a violent society*. New York: Guilford. (ED 408 056)

Pepler, D.J., & Rubin K.H. (Eds.). (1991). *The development and treatment of childhood aggression*. Hillsdale, NJ: Lawrence Erlbaum.

Pynoos, R.S., & Nader, K. (1988, October). Psychological first aid and treatment approach to children exposed to community violence: Research implications. *Journal of Traumatic Stress, 1*(4), 445-73.

Singer, M. Anglin, T., Song, L., & Lunghofer, L. (1995, February). Adolescent's exposure to violence and associated symptoms of psychological trauma. *Journal of the American Medical Association, 273*(6), 477-482.

Singer, M., Miller, D., Guo, S., Flannery, D., Frierson, T., & Slovak, K. (1999). Contributors to violent behavior among elementary and middle school children. *Pediatrics, 104*(4), 878-84.

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